Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1986

Victoria General Hospital

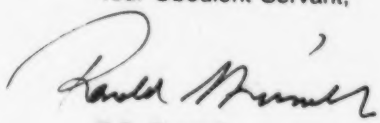
TO:

The Honourable Alan Abraham, C.D.
Lieutenant-Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period of April 1, 1985 to March 31, 1986.

Your Obedient Servant,



Halifax, Nova Scotia
March 1986

R.S. Russell
Minister of Health

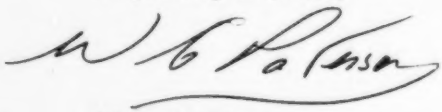
TO:

The Honourable R.S. Russell
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 119th Annual Report of the Victoria General Hospital covering the period April 1, 1985 to March 31, 1986.

Respectfully submitted,



Wayne C. Paterson
Chairman
Board of Commissioners
Victoria General Hospital

Mr. Wayne C. Paterson
Chairman, Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Paterson:

I am pleased to submit the 119th Annual Report of the Victoria General Hospital for the period from April 1, 1985 to March 31, 1986.

In its role as the primary adult tertiary care hospital in Nova Scotia, the Victoria General Hospital continued to expand its medical services, encompassing new areas. During 1985-86 the liver transplantation program was introduced under Dr. H. Bitter-Suermann. Three liver transplants were performed, while the renal transplantation program had its most successful year ever, with 92 kidney transplants performed.

For the first time twelve patients received bone transplants at the Victoria General Hospital, performed by Dr. A.G.A. McDermott's team. Plans for conducting heart transplants proceeded in the Department of Cardiovascular Surgery, where a total of 605 open-heart procedures were performed.

The Hospital's Cardiology Service recommended the development of a long-term plan for the care of heart patients in the Maritimes. Of the open-heart patients at the Victoria General, 45 percent are from out-of-province.

Patient volumes in the Emergency Department continued to rise, but a significant decrease in Trauma Team cases has been noted, partly because of tighter enforcement of seat belt and impaired driving laws. This legislation may also be partly responsible for a 10 percent decline in neurosurgery cases and an elimination of beds there.

Major renovations were carried out at the Victoria General Hospital during 1985-86. The Intensive Care Unit in Neurosurgery was reconstructed and a new, medigas patient bed-station system installed. A new Cardiac Catheterization Unit is scheduled for completion in September. Engineers installed a hyperchlorination unit in the water system to combat Legionnaires' Disease.

Departmental reorganizations occurred in Gynecology, Nursing, Psychiatry and Pharmacy. Endocrinology moved its operations to the Halifax Infirmary. Psychiatry introduced a new Eating Disorder Program on 9A. Pharmacy improved its drug information service to patients and staff and increased efforts to control drug use through a computerized patient file/inventory.

Changes in the type and quantity of medical services provided at the Victoria General Hospital prompted changes in the Nursing Division. Nurses required additional training to care for liver transplant patients, the terminally ill and the Hospital's first AIDS (Acquired Immune Deficiency Syndrome) patient. The Infection Control Department helped develop procedures for transporting AIDS patients. As the type of care changes, nurses are being assigned to wards on the basis of computer data provided by the Nurse Staffing System. Casual nursing staff are now being assigned on a shift-by-shift basis.

The Hospital's Multi-Organ Transplant Program became a reality this year. The Kidney Foundation and the federal Department of Employment contributed funds to set up a data base for kidney failure patients.

Two of the busiest departments at the VGH continue to be Diagnostic Radiology and Occupational Therapy. Staff in Diagnostic Radiology (the largest department in Canada) did 190,000 examinations during the 1985 calendar year, for an increase of six percent. The workload in Occupational Therapy even surpassed predictions for 1988. More than 14,000 treatment sessions were carried out in 1985-86, versus the 12,000 forecast for 1988.

Hospital staff conducted many research projects and prepared various scientific papers. The Cardiology Department set up a heart failure unit in the Ambulatory Care Centre (ACC) as part of a $1 million, multi-centred research project involving left-ventricle dysfunction. The Gastroenterology Department was one of two Canadian centres chosen to participate in a study on gastric ulcers.

Eleven cancer research projects are underway in Radiation Oncology, while the Virology Department continued its detective work on antibodies suspected in causing Reyes' Syndrome and cystic fibrosis.

The Victoria General Hospital's Clinical Immunology Department was one of four Canadian laboratories designated to do AIDS/ARC

antibody testing. This year, Clinical Immunology introduced a new technology to test for measles, rubella and AIDS. ELISA (enzyme-linked immunosorbant assay) tests permit a rapid diagnosis from one blood sample.

Research activity was supported by strides in medical education. The Allied Health Programs Division worked to establish twelve on-the-job training programs for hospital technicians. As well, the director of Special Services coordinated a series of meetings with the Health Sciences schools at Dalhousie University to find a strategy to obtain much-needed manpower.

In February, 1986, cost-cutting strategies were introduced by a team of VGH staff and consultants from Travenol Management Services. The Value Improvement Process aims to maintain quality health care while reducing costs. Orthopedic Surgery was involved in examining costs related to total hip replacement operations.

A three-year project to implement a patient-oriented, computerized information system finished Year 2 on schedule. The computer system was responsible for boosting productivity in Microbiology and in Bio-Medical Engineering, where nearly 50 percent more repairs were carried out on hospital equipment. A software adaptation was made to help with inventory in Pharmacy. The Medical Records Department went on-line, but an expansion of the computer system has been requested to permit the storage of five years of patient information so that the data may be accessed for statistics and research purposes.

The Hospital's Finance Department also got some help from a computer this year — the provincial government's Department of Finance computer took over the Victoria General's accounts payable and general ledger functions. The transfer of these services speeded up by 30 days the receipt and payment of invoices and freed the Hospital's computers for other tasks. Another labour-saving innovation was the automation of the hospital's billing and collections service.

The Hospital's Special Services Division underwent some important changes during the past year. The appointment of a pastoral care coordinator resulted in the nation's first 12-week course in Clinical Pastoral Education here in Halifax. The Patient Representative Program is operational and handled nearly 600 patient contacts, complaints or queries last year. Volunteers at the Hospital were involved in hospitality, feeding and walking with patients.

Mealtimes were revolutionized with the introduction of the Aladdin Insulated Meal Delivery system. This new technology should result in hotter dinners and quieter service at a lower cost.

The Corps of Commissionaires replace Pinkerton's as the Hospital's security service and improvements are tangible. A proposal for a seven-day-a-week laundry service and a $1 million upgrading of laundry facilities is being evaluated.

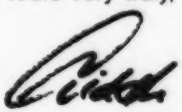
Housekeeping brought in a quality control program to ensure that no pathological or objectionable wastes are transported to the city dump site. Operational rounds to coordinate the housekeeping, laundry, maintenance and engineering services were started.

The Hospital's chief fire safety officer received architectural plans for smoke detectors and sprinklers from the Department of Government Services. A fire safety program is being developed. Communications became a separate department. A Maritime Tel and Tel survey of the switchboard showed that more manpower was needed to answer calls.

The Personnel Department reports that 31 positions have been lost as a result of people accepting the province's Voluntary Early Retirement program.

In closing, I would like to take this opportunity to extend my thanks to all staff of the Victoria General Hospital and to the Board of Commissioners for their hard work and support during what has been a very active year.

Yours very truly,



Richard L. Criddle
Executive Director

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BOARD OF COMMISSIONERS

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Prof. R.G. Murray
Mrs. Gloria L. Quigley
Mr. Kenneth Brown
Dr. Said Awad
Mrs. M.W. Fenton
Mrs. Florence MacGillivary
Mr. W. Hirtle
Mr. R.L. Criddle

ADMINISTRATIVE STAFF

R.L. Criddle, Executive Director
E.V. Haldane, M.D., F.R.C.P.(C), F.R.C.P.(E), Medical Director
D.M. McNaughton, C.D., B.A., M.H.A., Director, Administrative Services
M. Grantham, R.N., M.Sc.(A), Director, Nursing Services
J. Magee, R.N., B.Sc.N., Director, Educational Services
J.A. Stewart, B.Sc., P.Dt., Director, Special Services
P. Belitsky, M.D., F.R.C.S.(C), Director, Multi-Organ Transplant Program
P. Reid, R.N., B.N., Director, School of Nursing
P.J. Larsen, M.D., C.C.F.P., Head, Emergency Services
R.A. Mulroney, P.Dt., M.Sc., Director, Dietetics
B. Shorter, M.B.A., Director, Management Engineering
R.E. Buckley, B.Sc., M.B.A., Director, Personnel
W.A. Marsh, Comptroller
E.R. Ells, Manager, Accounting Services
J.C. Theriault, B.A., B. Comm., D.H.A., Director, Operations
M.T. Gillis, R.N., B.Sc., Administrative Coordinator
K. Jackson, M.D., Administrative Coordinator (Medical)
M.P. Cody, Public Relations Officer
T. Hansom, Director, Cost Analysis & Restraint
E. Crowell, C.M.A., Coordinator, Budget & Control Services
R.F. Gray, Director, Physical Plant
W.D. Avery, Fire Safety Officer
R. Merrett, B.Sc.Phm., M.Sc.Phm., R.P.E.B.C., Director, Pharmaceutical Services
P.H. Girard, R.S.W., M.P.A., Director, Social Work
B. Francis, R.N., O.R. Controller
W.L. MacIntyre, Department Head, Admissions and Discharge
S.B. King, Librarian, Health Services Library
R. Billard, C.C.H.R.A.(C), Manager, Medical Records
E.M. Orr, President, V.G.H. Auxiliary

A.W. Tamsett, Manager, Security Services
A. Vautour, Director, Volunteer Services
E. Givner, Patient Representative
I. Zwerling, Director, Physiotherapy
B.D. Doan, Ph.D., Director, Psychology
J. Robbins, Director, Occupational Therapy
A. Kempton, B.A., M.Div., M.S.T.M., D.Min., Coordinator, Pastoral Care
M.A. MacAulay, M.D., F.R.C.P.(C), Head, Pathology
I. Zayid, M.D., F.R.C.P.(C), Director, Anatomical Pathology
J.H. Cooper, M.B., Ch.B., F.R.C.(Path), F.R.C.P.(C), Senior Pathologist
A.I. Bernardo, M.D., Acting Director, Cytopathology
A. Raza-Ahmad, M.D., F.R.C.P.(C), A.B.P., Assistant Pathologist (Anatomical Pathology)
B.L. Sheridan, M.D., F.R.C.P.(C), Director, Hematology
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G. Digout, B.Sc., Dip. Bact., Div. Chief Technologist, Microbiology
R.S. Martin, B.Sc., Ph.D., Dip. Bact., Director, Public Health
P.J. Ponsford, F.I.M.L.T., A.R.T., Div. Chief Technologist, Anatomical Pathology
T. Boutilier, A.R.T., Div. Chief Technologist, Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Hematology
E. Zayed, M.D., F.R.C.P.(C), Associate Hematologist

VICTORIA GENERAL HOSPITAL
1985-86 STATISTICAL SUMMARY

Beds Maximum	806
Bed Average 1985	804
Intensive Care Beds	46
Hospital Total Area	132,202 m^2 (1,423,017 ft^2)
Employees	3,896 total 3,157 full time
Admissions	20,871
Separations	20,973
Average Census	674
Deaths	858
Death Rate	4.09%
Occupancy	83.8%
Average Length of Stay	11.69 days
Emergency Admissions	6,828
Day Surgery Cases	13,447
Emergency Visits	43,842
Ambulatory Care Centre Visits	75,808
Ambulatory Visits	184,129
Operating Room Cases	23,361
(Inpatient)	13,121
Lab Units	30,374,770
Lab Tests	7,624,829
Radiology Exams	206,002
(Inpatient)	91,016
Physiotherapy Attendances	69,644
Occupational Therapy Attendances	11,751
Average Acuity Index: General Units	1.38
Intensive Care Units	4.14
Meal Days	595,553
Meals	1,786,659

Laundry Washed	2 001 831 kg
Transplant Surgery	97 cases (3 liver)

MEDICAL SERVICES DIVISION

Admissions and Discharge Department

The workload in the Admissions and Discharge Department at the Victoria General Hospital for the 1985-86 fiscal year was as follows:

Inpatient Admissions	20,871
Emergency Admissions	6,828
Emergency Registrations	43,842
Day Patients	13,447
Discharges	20,973
Average Daily Occupancy	83.8
Average Daily Hospital Census	671.0

The year's achievements included:

- implementation of the Sperry computer software and hardware;
- visitation of most hospitals in Nova Scotia to aid discharge planning and admission procedures; and
- development and implementation of new results based on a performance appraisal system.

Department of Medicine

The Department of Medicine was able to make several important changes during the year: the Liver Transplantation Program was initiated, the Geriatric Care Program was expanded, and new cardiac catheterization facilities neared completion. Also, the multi-centre clinical trial related to heart function began. Endocrinology was reorganized and the University Division relocated to the Halifax Infirmary.

During the past year plans were finalized for a summer "holiday" for chronic hemodialysis patients. Also, details for a new junior clinic clerkship were worked out and put in place. Research received a further increase in external grant support.

One of the members of the Department, Dr. T.J. Murray, was appointed as the new Dean of Medicine, Dalhousie University.

Cardiology

During the past year, a computer-based pacemaker clinic was developed at the Victoria General Hospital that provides accurate and complete follow-up for all patients with permanent pacemakers.

The new hemodynamic suite at the Victoria General Hospital is nearing completion. In 1985, the laboratories investigated or treated 1,998 patients, an increase of nine percent over the preceding year. About 45 percent of patients undergoing complex cardiac investigation and open-heart surgery at the Victoria General Hospital are from outside the province of Nova Scotia.

During the past year, a document entitled "Proposal for the Development of Tertiary Care Facilities for Patients with Heart Disease in the Maritime Provinces" was submitted to the Administration of the Hospital and representatives of the Department of Health for the three Maritime provinces. This paper outlines a proposal for long-term planning of the care of heart patients in the Maritimes.

In March, 1986, the Service began a long-term, multi-centred trial on impaired left ventricle function, with Dr. D.E. Johnstone as principal investigator. This project involves the establishment of a heart failure unit within the Ambulatory Care Centre of the Hospital. Its purpose is to identify the natural history of heart failure and the effect of a specific drug therapy.

The Cardiology Service worked on 16 funded research projects in 1985. Members produced numerous publications, abstracts and presentations. A highlight of the year was the presentation of six papers from the Victoria General Hospital at the prestigious American Heart Association meetings in Washington, D.C. Representatives of the Cardiology Service were the chief organizers of the annual Canadian Cardiovascular Society meetings successfully held in Halifax in October of 1985.

Dermatology

The Dermatology Service continued its efforts in relation both to undergraduate training concentrated at the Hospital and to postgraduate

training, with teaching facilities at the Victoria General Hospital, Camp Hill Hospital and the I.W.K. Hospital for Children. Staff contributed to Grand Rounds at the Victoria General, I.W.K. and Camp Hill Hospitals, and made noon-hour presentations to the Department of Medicine's residents at the Victoria General Hospital.

Near the end of the reporting period, the Service noted a drop in demand for inpatient and outpatient treatment services. As well, there was a marked decline in the number of psoriasis patients reporting for treatment, thought to be due directly to efforts in the teaching area.

Members of the Service presented papers at the annual meeting of the Canadian Dermatological Association in Wolfville, Nova Scotia. In 1985-86 four papers were accepted for publication; another four are awaiting publication.

Endocrinology

The major change in 1986 was the relocation of the University Division. With the appointment of a new Head, Department of Medicine, at the Halifax Infirmary, the prime base was moved there from the Victoria General Hospital. The Service committed itself to providing efficient and excellent consultation service to the other teaching hospitals. Included in its plans are the re-establishment of a Clinical Investigation Unit and the creation of a new diabetes centre. With the recruitment of a new member of the academic staff, research activities were expanded. Members continue to contribute to the activities of the Canadian Society of Endocrinology and Metabolism and the Canadian Diabetes Association.

The Service received 17 research grants and members produced 22 publications, 20 abstracts and 10 presentations.

Gastroenterology

This year's highlight was the initiation of the Liver Transplantation Program under the direction of a member of the Service. Three transplants were carried out in 1985-86.

Gastroenterology has been asked to participate in the International Study of Omeprazole in Patients with Active Gastric Ulcers. Only two centres in Canada are being contemplated as sites for this study.

Members of the Service continued to play an active role in national organizations.

In all, the Service received four grants totalling $143,802, and staff members were responsible for eight papers and books, seven abstracts and nine presentations.

General Medicine

The large numbers of patients admitted from the Emergency Department to the three General Medicine Services tax the energies of the attending staff.

There is a strong and growing interest in medical education, as well as good pre-operative consultation programs for senior residents. The Geriatrics Program continues to grow with the development of the Stroke and Geriatric Assessment (SAGA) Program.

Members of the General Medicine Service were responsible for five presentations, nine abstracts and 14 papers. Funded research activities totalled $330,000.

Hematology

The administrative structure for the Hematology/Medical Oncology Service has been in place for nearly one year. Members of the Service contribute to education (both undergraduate and postgraduate) and all residents are involved in research projects.

Members of the Service were responsible for 13 publications, eight abstracts and five presentations. Research grants totalled $154,407.

Infectious Disease

Inpatient consultation continued at normal levels, but the outpatient load continued to increase. A major change will occur in the clinical component if the number of AIDS cases increases. At least one patient with AIDS was hospitalized for most of the year.

Infection Control committees are in place at the Victoria General Hospital, as well as at the Halifax Infirmary and Camp Hill Hospital. The Service cooperates with the I.W.K. Hospital for Children.

The Service continued to play an active part in undergraduate and graduate medical education and in the activities of national organizations, while increasing its research activity. The Service is trying to obtain more research laboratory space to bolster basic science research.

Members of the Service published 23 papers and were involved in a total of 36 presentations and abstracts.

Nephrology

There were no significant changes in teaching commitment or research programs. There are, however, special clinics in home dialysis, transplant and renal. A proposal has been submitted for a Summer Dialysis Facility — a summer camp for chronic dialysis patients.

Neurology

As well as providing care for in-hospital patients, making consultations and attending to patients in clinics, the Service remained active in continuing medical education. Neurology made a significant contribution to a series of lectures delivered to the students of the Schools of Occupational Therapy and Physiotherapy.

There were 654 admissions to the Neurology Service, while patient visits to the Ambulatory Care Centre totalled 1,401. During the past year Dr. T.J. Murray was appointed Dean of Medicine, Dalhousie University.

Members of the Service were responsible for 13 publications and made some 30 presentations.

Physical Medicine and Rehabilitation

During the past year there was an increase in all the activities of Physical Medicine and Rehabilitation. Members participated regularly in Grand Rounds at the Nova Scotia Rehabilitation Centre, Halifax Infirmary, Camp Hill Hospital and Victoria General Hospital. They also continued to contribute to continuing medical education and were well represented at national and international meetings.

Major changes in the distribution of responsibilities resulted from the part-time shift in responsibility of one member to the Dean's Office, Dalhousie University, who assumed the position of Associate Dean for

Undergraduate Medical Education.

Members of the Service were responsible for seven publications, 17 abstracts and presentations.

Respirology

The Respirology Service continues to offer diagnostic, pulmonary tests and a continuous respiratory therapy service that varies from simple oxygen to mechanical ventilators. It is responsible for consultations at both the Halifax Infirmary and Camp Hill Hospital, as well as at the Victoria General Hospital. The Service is involved in both undergraduate and postgraduate training and participates in continuing medical education.

Research is underway in three areas: Hyperbaric Oxygen in Multiple Sclerosis, Tulobuterol in Asthma, and Analysis of Ventilatory Patterns during Exercise and Pneumonia.

The Service was responsible for six presentations and one publication.

Rheumatology

This Service participates in clinical and research programs for the diagnosis and treatment of rheumatoid-related problems and it provides consultations in metro area hospitals. During a six-month period, care was provided for 146 inpatients. With the rapidly increasing number of outpatients, the pressure for admissions has been growing.

The Service is participating in undergraduate education, continuing medical education and patient education. It is also involved in a number of research activities, including the study of immune complexes found in the circulation of patients with systemic lupus erythematosus, lupus anticoagulant (in collaboration with Hematology), and the role of the central nervous system in immune regulations. Grants for this and other research totalled $187,932. Members of the Service were responsible for some 19 abstracts, eight publications and two reviews.

Department of Surgery

The four divisions of the Department of Surgery have been increasingly subjected to demands for increased cost-effectiveness.

The Division of Orthopedic Surgery has participated in a study aimed at reducing hospital costs for patients undergoing total hip replacement surgery. Following this pilot project, it is expected that other divisions will participate in similar studies.

The Division of General Surgery has entered a phase of extensive staff renewal that is expected to last for about 10 years. This phenomenon reflects that, as in the rest of Canada, our general surgeons have the highest average age of any medical or surgical specialists.

Under the direction of Dr. H. Bitter-Suermann, the liver transplant team performed three liver transplants in its first year of operation, and the renal transplant program had a higher level of activity than ever before.

The Bone Transplant Program, under the direction of Dr. A.G.P. McDermott, had a highly successful first year, with treatment of 12 cases.

The Division of Cardiovascular Surgery has been making plans for a cardiac transplantation program. A total of 605 open-heart operations were performed this past year.

The Division of Plastic Surgery caught up with its backlog of microsurgery cases; 15 cases were performed during the year.

The Surgical Intensive Care Unit faced considerable pressure as the number of requests for transfer to this unit increased. The opening of 12 intermediate care beds is eagerly awaited. Preparations have been made to renovate the Cardiovascular Intensive Care Unit and four intermediate care beds.

Department of Gynecology

Dr. S.C. Robinson retired as head of this department December 31, 1985, and Dr. Robert Fraser was appointed in January, 1986.

In early 1986, the Department was reorganized. Established programs were identified as Oncology, Gynecology, Endocrine and Infertility (predominantly infertility surgery), and also identified was a Termination of Pregnancy Unit. Each program will have its own director, accountable to the department head. Space restrictions, which presently limit the ability to develop new programs within the Ambulatory Care

facility, are being addressed. A proposal to relocate facilities in that area will soon be presented to the Space Utilization Committee.

To facilitate our undergraduate programs, as well as to develop those for our colleagues and allied health care workers, it is necessary to acquire new staff for the Department. Plans are now underway to obtain the services of a female gynecologist in the near future, as well as to redefine the role of several present consultant staff members.

Gynecology Fiscal Discharge Statistics

	Ward	Private	1985-86 Total	1984-85 Total
Total Patients	1,372	639	2,011	2,124
Patient Days	9,183	5,821	15,004	14,899
Average Length of Stay	6.7	9.1	7.5	7.0
Total Deaths	15	5	20	18
No. O.R. (Inpatient)*	1,003	578	1,581	1,656
No. O.R. (Private Outpatient)*	—	—	2,198	2,016
No. Emergency Admissions	371	34	405	399
No. Patients Receiving Consultations	229	94	323	355

*Based on CPHA definition of patients operated on. Contact VGH Medical Records for details.

Department of Emergency Medicine

The Department of Emergency Medicine continues to grow. During the past year, patient volume increased (43,842), while admissions remained stable (15.5 percent). This is comparable nationally with other tertiary care hospitals of the same size.

Trauma Team cases were down considerably, most certainly as a result of continuing enforcement of the seat belt and impaired driving laws.

Educationally, the Department has improved its clinical lecture series based on evaluations from the intern staff.

The Department provided extensive teaching input into Dalhousie University's Spring Refresher Program for Community Physicians.

Emergency nursing staff are in the process of taking advanced cardiac life support training; 50 percent have already earned their cards.

The Department continued its initiative to boost collaboration with in-hospital and pre-hospital agencies. There have been significant improvements in our relations with City of Halifax Fire and Police Departments, with Air Search and Rescue, and with several of the Critical Care Inpatient Services. Much remains to be done, however, particularly in the areas of disaster response and inter-institutional transfers.

Victoria General ambulance attendants continued to be popular community speakers, providing expertise to citizen-first responders. The Department is currently working on two programs designed to increase the already significant impact of these personnel on the health care delivery system.

Department of Radiation Oncology

Administrative

During the year there was a further increase in the number of new referrals to the Department.

Despite an increased caseload, great efforts have been made both in Radiation and Medical Oncology, to provide treatment to people primarily as outpatients. Point Pleasant Lodge has been fully utilized, thus relieving the pressure on beds in the Hospital.

Scientific

The Department of Radiation Oncology continued to show progress in clinical research. During the year, 11 research protocols were approved by the Research Review Committee. The research projects are funded mainly through the National Cancer Institute. There is also a continuing involvement with the Children's Cancer Study Group of the United States. Most patients who have cancer of the lung and breast are now included in clinical trials.

The Medical Physics Division was heavily involved in research in association with the Department of Dentistry of Dalhousie University and in the field of hyperthermia.

Department of Diagnostic Radiology

Administrative

The Department of Radiology remains the largest single department in Canada, having conducted 190,000 examinations during calendar year 1985. This represented a six percent increase over that of 1984.

In 1985 the Department began to install two new Siemens cardiac catheterization labs, one of which will replace the 1972 General Electric installation. The second will be an additional unit.

During the year the Department assessed the M-250 Euroscanner, an inexpensive prototype unit. This unit was then transferred to the Colchester Hospital in Truro for further assessment at a community hospital level. It became very clear that the M-250 was an inappropriate CT scanner for a tertiary care centre like the Victoria General Hospital.

Radiology cooperated with the Department of Urology in preparing for the arrival of the shock-wave Lithotripter unit, and will be involved in the technical staffing, repair, maintenance, and radiation safety programs associated with this installation.

The Department also assessed a tele-radiology system with the cooperation of the physicists assigned to Radiology. Images were transmitted from various areas in both Camp Hill and Kentville Hospitals to the Victoria General. This system has proven useful to peripheral hospitals that may avail themselves of the staffing expertise at the Victoria General Hospital. The Department is now in the discussion stage with Hospital Administration and the Department of Health with regard to setting up a tele-radiology system to transmit nuclear medicine images. Currently the system is located between Blanchard-Fraser Memorial Hospital in Kentville and the Victoria General Hospital in Halifax.

The Department continues to promote and consider plans for the installation of a magnetic resonance imager.

Department of Oral Surgery

Clinical Services

More than 4,800 patients were seen and treated by the Department of

Oral Surgery during the year.

Research

Research projects in jaw biomechanics are now being carried out in conjunction with members of the Department of Engineering, Dalhousie University. Additionally, a project on blood-flow studies in the maxilla will soon be launched in cooperation with the Department of Radiology.

Department of Neurosurgery

Administrative

Most of the Department's activities this past year centred on refurbishing and modernizing the Intensive Care Unit. The Neurosurgery Intensive Care Unit was closed for approximately twelve months. During this period of construction, temporary mini-ICUs were set up in four bedrooms, with single rooms being converted to double rooms. Much credit should be given to the nursing staff of the Intensive Care Unit and 2A for their extraordinary efforts to maintain satisfactory levels of patient care.

The new Intensive Care Unit was dedicated to Dr. W.D. Stevenson, the former head of the Department of Neurosurgery.

The Department's admissions decreased approximately 10 percent to 1,439. This is a reflection of bed closures and, hopefully, of decreased trauma.

Academic Activities

Studies on Cerebrobasal Spasm and Stress Ulceration continue. A two-year Review of Carotid Endarterectomies has been completed, and Drs. Huestis and Howes attended meetings to assess the feasibility of a multi-centre control study on the effectiveness of carotid endarterectomy.

Multi-Organ Transplant Program

The Multi-Organ Transplant Program has been very active, and the practice of multi-organ donation has become a reality. Atlantic Canadian hospitals have cooperated by providing donors, and many of their patients in need of transplants have benefitted.

Statistics of Transplants

Kidneys	92
*Liver	3
Bone	12
Multi-Organ Donors	10

*In addition to the liver transplants performed at the Victoria General, our outpatient program is following four persons who received transplants elsewhere.

A highlight of the year was the receipt of funds from the Kidney Foundation of Canada, Nova Scotia Branch, and the federal Department of Employment to establish a computerized data base for kidney failure patients. In cooperation with medical and administrative staff, the computer program is well underway. Benefits from this program will be shared with other organ transplant programs.

In November, 1985, in cooperation with the Department of Health, a very successful one-day seminar on organ donation was held. This program increased awareness of the need for organ donation and the responsibility of each person as a potential donor.

Both medical and administrative staff in the program invested time in speaking engagements. As well, the coordinators visited numerous hospitals in the province to heighten awareness of the need for organ donations and to assist in establishing protocols for identifying donors.

Physicians in the various programs continued to be involved in basic transplantation research. Members of the transplantation teams presented papers at both national and international meetings.

Department of Psychiatry

Administrative

The Eating Disorder Program is now officially constituted. Two other proposed programs, one in refractory depression and one in neuropsychiatry, are currently under review by the Hospital's Program Development Department.

At the beginning of 1986, an internal reorganization took place on the Inpatient Unit (9A). Changes were made in the format of clinical

rounds, the role of Residents was redefined and increased attention was given to communications.

There are regular monthly senior staff meetings, plus ad hoc meetings of psychiatric staff. Since early 1986, regular interdisciplinary meetings involving all mental health staff have been held monthly. Close scrutiny of Average Length of Stay (ALOS) is being maintained; it is becoming clear that there may be very different averages for the different programs, with patients in the Eating Disorder Program often needing relatively long stays. Much more attention is being paid to early discharge planning in all cases.

Quality Assurance and Risk Management

Operations

During 1985-86, use of routine monitoring mechanisms developed during the previous year continued and expanded.

An average of 130 incident reports per month were received, showing an apparent trend toward improved reporting. Issues identified included the usual reports of patients' falls, patients' conditions and lost property, as well as of violent patients, porter/escort problems, addressograph problems, clutter in the corridors, complaints of cold temperatures in the ACC, and tube system problems. The new "medication incident" report form was introduced, and approximately 20-30 such reports have since been received each month. Management Engineering assisted by adapting a computer program for incident reporting.

Issues noted included inadequacies in progress note charting, confusion over the role and specific tasks of the Cardiovascular Associates, the reuse of single-use items and the use of rubber stamp signatures.

Statistics (April 1/85 to March 31/86)

Admissions to Inpatient Unit	259
Average Length of Stay (days)	33.6
Consultations *to* Other Services	266
Consultations *from* Other Services	522
Psychiatric Admissions from Emergency Room	46

Ophthalmology Department

Adult ophthalmology inpatient and outpatient services are consolidated at the Halifax Infirmary. However, inpatient consultative services are provided in the Victoria General Hospital on a daily basis. A senior ophthalmology resident is assigned to the Victoria General Hospital, and all consultations are done by an attending staff ophthalmologist.

Emergency eye surgery is done only when the patient cannot be transferred.

Infection Control Committee and Infection Control Department

Surveillance

Routine surveillance of the Hospital's nursing wards comprised the biggest component of the program, with regular monitoring of surgical wound infection, nosocomial pneumonia, communicable diseases, and resistant gram-negative organisms. The monitoring of Serratia marcescens was dropped in December, 1985, although its presence continues to be checked. The nosocomial diarrhea study begun in 1984-85 was assumed by Dr. Schlech's research nurses, with Infection Control offering assistance during point prevalence studies.

Since the Hospital's water supply was hyperchlorinated in an attempt to reduce the 8-10 cases of Legionnaires' Disease occurring annually at the Victoria General Hospital, the Department collects weekly water samples from sentinel sources to monitor the presence of Legionella. Results are recorded and carefully followed, with superchlorination recommended as necessary.

Surveillance data for 1985-86 did not reveal any major increases of wound infections or communicable diseases. A resistant *Pseudomonas maltophilia* appeared in the Hospital's intensive care units, but few invasive infections resulted.

Outbreak Investigations

One small outbreak of Influenza "A" was noted and followed on 4W; the infection involved both staff and patients. The Department formulated a questionnaire for all staff and patients. Blood samples were drawn and the ward closed for 48 hours.

Studies

Following a request from Medical Intensive Care Unit and because of a lack of published data, the Department undertook a study to determine how long the Swan Ganze sleeve remains sterile.

The study on infection rates in patients undergoing spinal surgery begun in 1984-85 continued into this past fiscal year. Results were reported to Neurosurgery, but no conclusions were drawn as to the source of infection. The Department continues to monitor spinal surgery infection rates.

The Department continued to collect data on Porta-cath and Hickman catheter insertions. Infection rates, noted to be high in 1984-85, decreased considerably this year as familiarity with the technique improved.

Staff trials and microbiological studies continued in an attempt to evaluate "new improved" disinfectants and soaps.

Infection Control Policies

Additional information on Hickman catheters was passed on to members of the Nursing Policy and Procedures Committee for their review and use.

The policy entitled "Transporting of Patients", approved in 1981, was updated in March, 1986, to include the category Blood and Body Fluids Precaution.

The Department made recommendations to the Nursing Department regarding the transport of AIDS patients. These were subsequently incorporated into nursing policy.

Educational Activities

A total of 33 formal educational sessions were held for a diverse populace, including porter escorts, phlebotomists, nursing students, nursing staff, operating room staff, allied health, cleaners, ward aides and sterile supply service staff. Topics included isolation technique, microbiology, Legionella, handwashing, transporting patients, AIDS and interpretation of lab reports.

The Department continues to offer support to outside infection control practitioners and health care facilities, responding to an average of fifteen requests monthly. As Infection Control Officer, Dr. Schlech is available on a consultation basis to the Nova Scotia Rehabilitation Centre.

In response to the steady stream of problems and questions on AIDS, the Department is planning to develop an AIDS Help Packet to augment its intervention when "hot spots" occur within departments. It is hoped that this will help with troubleshooting and provide a guideline for consistent, systematic interactions among all staff involved.

Medical Records Department

During the past fiscal year, the Department received and processed the following records:

Inpatients	20,977
Day Patients	11,035
Ambulatory Care	69,339
Emergency	42,585
TOTAL	143,936

The records of patients requisitioned and sent out totalled 100,991.

There were 6,620 requests by mail, telephone or in person for patient information from other health care facilities, doctors' offices, government agencies and other authorized personnel.

A total of 21,466 discharge summaries and 18,491 operative reports were transcribed, mailed and filed.

ACC reports transcribed, mailed and filed totalled 42,100.

There were 103 research projects in process, 125 requests for statistical information and seven patient care appraisals.

A total of 22 subpoenas and 10 search warrants were served on the Department.

Medical Transcription Training Program

Two sessions of classes were conducted. In July three people graduated, followed by four more in November.

Health Management Information System (HMIS)

Record Tracking

Testing and training with computer software began in September. The program was put into production in November, with gradual implementation of complete file ending in February, 1986.

Incomplete Records

Backloading was completed in June, 1985. Reports by physicians are used to retrieve incomplete records. The medical director's report shows the total of incomplete records for each physician. This report is used by the medical director to determine which physicians are to be notified of their incomplete records and eventually suspended should they fail to complete them.

Central Patient Index (CPI) Name Search

A list of names used by Maritime Tel and Tel was obtained to help establish correct identification of patients in the Central Patient Index. This list is in the system and is extremely helpful when checking for names that have a wide variety of spellings.

CPI Registration

Medical Records management became involved with the HMIS instructor to coordinate a combined training session teaching the disciplines regarding registration and issuing of hospital unit numbers. This became effective August 1, 1985.

Professional Activity Studies (PAS) + Worksheet

This sheet is produced by the HMIS System and contains patient information found in the CPI and Admission Discharge Transfer. Effective August 1, 1985, these sheets have been used for coding patient records and inputting information into a separate computer system (PAS+) used for ongoing patient care, statistical information and continuing education.

Justification of PAS+ Expansion

A proposal to expand the present system was approved by the Capital Equipment Committee (October, 1985) and passed on to the Management Board (Department of Health) for further approval. The present system is too small to carry the five years of patient data required for research and statistical purposes.

Reorganization of Patients' Clinical Records

A proposal was submitted and approved in August, 1985. This project involved the hiring of 12 staff to reorganize the patient records into primary and secondary documents. The project began in February and, although the reorganization process and supplies were costly, it allowed us to discontinue microfilming (January 17, 1986), saving $72,000 per year.

Approximately 16 percent of the permanent file has been completed by project staff. The remaining records are being reorganized by regular staff as patients are readmitted and as time permits.

Dictation Equipment

Hardwiring was completed in July, 1985. By September, 1985, all ambulatory care areas except Orthopedics had centralized dictation. An additional tank (to include Orthopedics) and equipment to drain excessive dictation onto tapes was requested in October, 1985.

Record Control

The use of medical records clerks in Ambulatory Care Clinics began on June 24, 1985. The procedure started in Surgery Clinic and was expanded gradually until four clerks were working in all areas. These clerks control records in the clinics, mail and file transcribed letters and notes, and file laboratory and radiology reports.

All clerical staff are on a rotation system to ensure understanding of team work and coverage as required.

Department of Microbiology

Central Public Health Laboratory

The total number of specimens received was 75,614 — a five percent increase over 1984-85 and a cumulative increase of 10 percent over 1983-84. Of the specimens, 27 percent, or 24,892, were received from sources outside the hospital. Of the referred-in specimens, 75 percent were urine and EENT specimens, but these two categories accounted for only 32 percent of specimens generated by the Victoria General Hospital itself.

The number of total tests carried out increased by 1.7 percent. This favourable discrepancy between numbers of specimens received and tests carried out continued the previous year's trend of reducing tests to only the most relevant and useful. In January, 1986, a review of tests carried out on different specimen types showed no major redundancies in our procedures.

During the year, a number of kits for rapid diagnosis (*e.g.* streptococcus antigen detection) were tested by this laboratory. Rapid antigen detection kits for cerebrospinal fluid were phased out because they were costly and could be used to test only a very small number of specimens.

A major departure from the previous year involved further computerization. The Gibco "Sensititre" system was updated by the Dec 350-based hard disc system, which was introduced in March, 1986, following delays in completion of the program. Two new units will replace the previous four Apple IIe-based machines. This updated program is quicker and more efficient; it saves significant time on reports on daily cross infection surveys, while producing chartable reports. As part of its design, this machine electronically sends reports directly to the patient care areas.

Along with the College of American Pathologists, the Division continues to take infectious disease, microbiology and immunology surveys. A total of 29 specimens were received and completed satisfactorily. (Results are reported as satisfactory or not.)

Clinical Immunology

The amalgamation of Immunology and Virology has given the master

technologist and the supervisors an expanded pool of technologists to draw on for various services.

There have been a number of significant changes in Immunology services. Enzyme-linked immunosorbant assay (ELISA) technology was introduced for the first time for rubella, measles and HTLV-III/LAV antibody testing. The experience the supervisor gained in evaluating the Behring ELISA Processor II, along with the Behring Enzygnost rubella IgG and IgM kit, provided the basis for acquiring the processor and the test kits.

No sooner had the ELISA test for rubella been implemented when a similar test had to be introduced to handle an increasing number of measles specimens resulting from unexpected outbreaks of measles in the Atlantic Provinces.

The specific ELISA IgM test permits a rapid diagnosis of measles and rubella made on a single serum specimen. Immunology has therefore since phased out the SRH method, the HI method for rubella, and the HI method for measles, and now uses the ELISA test for immunity screening and diagnosis.

The Laboratory Centre for Disease Control designated the Department to be the Atlantic Reference Laboratory for AIDS/ARC antibody testing. Immunology has since worked with the Research and Development Division to provide an ELISA Screening test and IFA, together with Western Blot, as confirmatory tests for HTLV-III/LAV antibody testing.

The Qualitative CRP precipitin assay finally gave way to a long-awaited quantitative test using the EMIT semi-automatic system. The quantitative test should provide physicians with a more meaningful way to evaluate an inflammatory response in patients suffering from an infectious or a non-infectious cause.

In response to requests by the Transplant Service, an indirect hemagglutination test by Cetus Corporation (cetus-IHA) was introduced for cytomegalovirus (CMV) antibody detection. As a special test for the transplant-associated services in the Victoria General Hospital and other hospitals in the Maritimes, it assesses the relative risk of CMV transmission or acquisition through transfusion or transplantation in transplant recipients.

A workshop on the current techniques of HTLV-III/LAV antibody testing and the interpretation and reporting of test results was held in Ottawa for representatives of the four designated AIDS/ARC diagnostic laboratories in the country. The workshop provided useful information and contributed to the establishment of similar diagnostic techniques in both the Immunology Laboratory and Research and Development Department.

Enteric Bacteriology

This division includes Enteric Bacteriology, Parasitology and Special Bacteriology (GC), and, since March, 1986, Mycology. (The Mycology report is included in the Public Health report.)

The volume of specimens received by the section increased 9.09 percent, from 39,290 in 1984-85 to 43,217 in 1985-86. There was a drop in units from 929,472 to 892,902 (−3.93 percent) due to a decline in the number of specimens from Enteric Bacteriology.

Two serotypes were isolated for the first time in Nova Scotia: *Salmonella portsmouth*, in May, and *S. mbandaba*, in July. From June, 1985, to January, 1986, a study was carried out to determine the incidence of *Escherichia coli* 0157:H7. Five of 792 specimens tested (0.6 percent) were positive. Isolation of all other enteric pathogens declined in 1985-86, but three *Plesiomonas shigelloides* and one *Vibrio para haemolyticus* were isolated.

The Special Bacteriology (GC) Laboratory recorded a 4,947 (17 percent) increase in specimens received in 1985-86. The number of specimens that tested positive for *Neisseria gonorrhoea* decreased for both sexes. There were only slight changes in the number of Trichomonas and Clue cells identified. More than one pathogen was identified in 5,370 specimens (15.8 percent). There was a decline in the number of pneumococcal typings.

Little change occurred in the number of specimens or units in Parasitology, but there was a decrease in the number of parasites identified. The number of protozoa dropped from 1,494 in 1984-85 to 1,020 in 1985-86, for a decline of 31.7 percent. This drop is attributed to the lack of outbreaks, which had increased previous years' figures. The helminths increased 24.7 percent, from 105 in 1984-85 to 131 in 1985-86.

Public Health Bacteriology

Respiratory Bacteriology

There was an overall increase of 9.9 percent in the total number of specimens submitted to this section. However, this reflected a slight decrease of less than one percent in the number of units recorded.

A total of 7,432 specimens were submitted for antibiotic assay, showing an increase of 9.4 percent over the previous year due to a corresponding increase in patient service.

A total of 1,472 specimens were submitted for bacteriological studies as compared with 863 during the previous year. This increase resulted from a number of environmental studies carried out in regional hospitals. The following isolations of *L. pneumophila* were made from submitted clinical specimens: four of *L. pneumophila* Group six and five of *L. pneumophila* Group one.

There was approximately a 53 percent increase in the number of specimens submitted for Mycoplasma studies over the previous year — the result of gynecological studies. New technical procedures were applied to the Mycoplasma studies.

There was a drop of about 10 percent in the number of specimens submitted for *M. tuberculosis* studies, but an increase of 86 percent in the number of sensitivity tests carried out.

The BACTEC system has now been in operation for two years and has proven satisfactory for both early detection and labour conservation.

Mycology

There was an overall decrease of 16 percent in the number of specimens submitted for mycology studies, which reflected a drop of 13 percent in the number of units.

During the year, some semi-automated procedures were applied to the determination of minimal inhibitory concentrations of antifungal agents.

Sanitary Bacteriology

This section showed a slight increase of 2.0 percent in the number of specimens submitted over the number submitted the previous year. Most determinations show a steady level as compared to the previous year, with marginal increases in water coliform examinations, sewage sampling and food analysis.

Virology

The workload in this section continued to increase as reflected in the number of tests carried out (+37.2 percent), units of work performed (+43.8 percent) and specimens received (+53.8 percent).

Both requests and specimens submitted for the *C. trachomatis* examination almost doubled. Since an association between *C. trachomatis* infection and infertility has been reported, many physicians are now screening high-risk patients. Specimen collection kits are provided to them, free of charge, by the Department of Health. The laboratory positivity rate in 1985-86 was 9.5 percent (1183/12390), while in 1984-85 it was 8.0 percent (504/6338).

The Division tested two kits for *Toxoplasma gondii*, Ortho and Gull, but found no advantage over the presently used Virgo Kit. Epstein Barr Virus IgG and IgM anti capsid antigen kits by Gull were tested and found superior to the in-house method being followed.

The laboratory developed a method for direct specimen examination for varicella zoster virus using a newly released monoclonal antibody, fluorescein conjugated, from Ortho. This is especially useful for immunocompromised patients and/or their contacts, since results are available in hours. Arrangements were also made, following a test of Bion V-Z test slides, to set up a service for the hospitals whereby staff, immunocompromised patients and/or their contacts can be tested for immunity to V-Z by a fast and sensitive fluorescence method. A protocol was set up in conjunction with the Infectious Disease Department to test Syva's MicroTrak method of herpes simplex 1 and 2 direct specimen examination.

A respiratory-virus screen was set up for typing isolates of parainfluenza and influenza. Reagents from the Laboratory Centre for Disease Control, Ottawa, were used in an anti-complement immunofluorescence method. This hastens reporting by several days

compared to the older hemagglutination inhibition method. For effectiveness in identifying respiratory syncytial virus, Ortho monoclonal antibody in the direct fluorescence test was compared with Wellmark polyclonal antibody in the indirect test; it was the consensus that tests done with the latter were easier to read.

Research and Development

An extensive evaluation was carried out using EMIT CRP kits from Syva Diagnostics to quantitate anti-C-Reactive Protein levels in patients' sera. This assay measures the subtle, incremental changes in CRP concentrations that parallel changes in disease activity. The test is useful in monitoring many clinical conditions, including bacterial and postsurgical infections, inflammatory disorders such as rheumatoid arthritis, ankylosing spondylitis and Reiter's Syndrome. The test was introduced into routine by the Immunology Section in August.

Work continued in the area of quantitating anti-cardiolipin antibodies in human sera from various clinical situations — including patients suffering from cystic fibrosis and Reyes' Syndrome — in the search for a better means of predicting diagnosis.

In late September, 1985, staff began evaluating the Virgo NCS ELISA Kits for antibody determinations to HTLV III/LAV (AIDS). Shortly thereafter, they began an evaluation of an immunofluorescence procedure to confirm ELISA-screen positive sera, using HTLV III/LAV-infected slides from Institut Armand-Frappier.

In January, 1986, work began to set up and evaluate the Western Blot technique for detecting the various proteins of HTLV III/LAV in patients' sera. The ELISA screen test was transferred into the routine of Immunology on the first of February. This laboratory is one of four reference laboratories in Canada for the serological testing of individuals suspected of having AIDS.

NURSING DIVISION

All Nursing Units have remained open with adequate staffing and a budget at less than 0.2 percent variance from projected expenditures.

Considerable energy was expended by the Division to develop nursing skills to care for the first liver transplant patient and, since then, to care for subsequent patients. This involved visits by nursing staff to

London, Ontario and Pittsburgh, Pennsylvania. It also entailed the development of manuals and teaching material, structural changes on at least one Nursing Unit and many multidisciplinary meetings.

The human approach to patient care has been foremost. At least two weddings occurred — one was reported by a Nursing Unit as the year's most touching event.

On occasion, nurses accompanied patients back home when travellers to this port city required major medical attention. On one such trip, a nurse accompanied a seaman patient back to Poland.

The Nursing Division contributed significantly to the July, 1985, exercise "Operation Elliott". This plan tests the Hospital's readiness for a disastrous event.

The Exotic Disease Unit Team staged a simulated patient admission this year. Preparation time required for two nurses to dress, and evacuate the room, was 10 minutes, demonstrating the Hospital's readiness to respond to such emergencies.

Major ongoing projects in the Nursing Division include the implementation of the Nurse Staffing Management System, the Clinical Promotion Project, computerization within the Nursing Division, and Ambulatory Care Nursing Integration with Inpatient Services.

The Nurse Staffing Management System implemented variable staffing on all medical units in January, 1986; it was scheduled to begin on Surgical Units during the following year. The goal of high-level nursing care is being assisted by this more equitable, objective system to allocate needed staff. Staff were allocated at 90 percent of what the system required overall.

Computerization within the Nursing Division continued. The development of nursing applications, with the assistance of a computer systems nurse and a task force on computerization, has begun. A system to identify the availability of 200 casual float nurses is progressing.

The Clinical Promotion Project completed a pilot study between June and September, 1985, on one Nursing Unit. It implemented the first phase of the project on 12 units in January, 1986.

Ambulatory Care Nursing Integration with Inpatient Services is

proceeding with the target date of June, 1987, for the integration of all services. Rheumatology, Dermatology, Gynecology/Colposcopy and some Orthopedic services are being supplied by nursing staff as directed by the head nurse for the major inpatient unit caring for these types of patients.

The restructuring of Nursing Administration in January, 1985, was a major change in our operation. In July, 1985, the administrative supervisors began reporting to the Director of Nursing Administration. In January, 1986, staff at the Research and Development and Continuing Education Departments amalgamated, while the staff and programs in Management Training and Development moved to the Hospital's Education Division.

In January, 1986, an administrative coordinator was assigned to the Emergency Department to facilitate planning and coordination of clinical care. The medical director, head nurse and the administrative coordinator began working as a team to plan and provide direction to Emergency Services.

In July, 1985, the Hospice Program moved from the Continuing Education Department to Specialty Services, Nursing.

Two major complement revisions were made in nursing services in September, 1985, and January, 1986. Information on the Nurse Management Staffing System provided two years of data to identify trends for staffing requirements.

In July, 1985, the 200-member casual float pool of nurses was divided into three smaller float pools — namely, nurses with medical skills, nurses with surgery clinic skills and nurses with critical care skills. The objective of supplying additional people to Nursing Units on a shift-by-shift basis, according to fluctuations in workload, should now be more easily accomplished.

During 1985-86, changes in the Hospital's services forced adjustments in nursing skills. Educational sessions help accomplish this, as well as changes in the mix of staff members and skills. Adjustments in the type of drugs and medical/surgical supplies were also part of the process. In one change, all cardiac catheterization patients were concentrated on unit 3B. This move placed these patients immediately adjacent to the renovated Cardiac Catheterization Unit.

The nursing of terminal cancer patients receiving Epimorph infusions using epidural catheters for intractable pain created a need for new care plans and educational sessions. Investigation was required to care for patients receiving percutaneous nephrolithotomies and for the upcoming extra corporeal shock-wave lithotripsy program.

The 31 revisions and 10 new procedures reported in the *Nursing Practice and Procedure Manual* were indicative of the volume of change in the Nursing Division. New standard care plans were developed in some of the Intensive Care Units and in the Psychiatry Service.

During this fiscal year, a decision was made to admit all AIDS patients to 8A. The staff on this unit developed considerable expertise and shared it with medical staff at community hospitals across the province. Staff developed teaching pamphlets for patients and families, and constantly updated a manual of new scientific information.

The Neurosurgery Intensive Care Unit underwent major renovations between August, 1985 and March, 1986. During the renovation a new medigas rail system was tested that would provide more flexible patient-bed stations.

A major activity was participation in educational sessions emphasizing nursing procedures and precautions in the mixing of chemotherapy drugs. However, concern for the health of staff continued, so plans are now being made for a centralized mixing of these drugs under laminar flow-hoods in Pharmacy.

Seventeen angioplasty patients recovered in Coronary Care. Plans to expand this service to treat more than 100 patients per year is having a great impact on nursing.

The main recovery room reported a 51 percent increase of long-stay patients, *i.e.*, those staying in the unit more than six hours. This is an accurate reflection of the more complex and acute activities involving patients at the Victoria General.

Nursing staff at the Victoria General Hospital contributed to workshops in the Atlantic region on a variety of nursing care topics. Workshops included Shock Management in Critical Care Nursing; Emergency Care of the Burn Victim; Immediate Post-Operative Management; Use, Preparation and Administration of Chemotherapy; and Acute Respiratory Care.

Internal education programs for Victoria General Hospital staff ranged from the three-month Critical Care Nursing Programs and six-month Operating Room Programs to sessions of two to ten days. The latter programs covered areas such as burn treatment, ICU skills for float nurses, cardiac arrest team skills and preceptor nurse. A total of 47 graduated from the Critical Care Nursing Program, Level I, while seven graduated from the same program, Level II. The Operating Room Program graduated 10 people.

Nursing staff showed initiative in developing slide/tape shows for the education and orientation of new staff. Two such presentations are entitled Nursing Techniques and Local Management of Skin Diseases, and An Assessment Tool for Hemodynamic Monitoring.

Expert nurses from our hospital made considerable contributions to education during the past year. Nurses gave lectures on legal issues, heart care, quality assurance and nursing assessment of the acute care of spinal cord injured patients to students at Dalhousie University's medical, nursing and health education faculties.

The Nursing Division was also involved in research, as well as providing assistance to Masters of Nursing students at Dalhousie. The Department conducted studies on patient education and contributed to a number of drug studies in cooperation with medical staff. Nursing has also been involved in evaluating products and equipment used in patient care.

Victoria General Hospital nursing staff acted as consultants in a number of areas, including preoperative nursing skills, operating room skills and nurse management computerized systems.

The Division contributed to the Hospital's goals in 1985-86 through its involvement in the Travenol Value Improvement Project, Back Education Syndicate, the Noise Survey, the Cost Containment Committee, Accreditation Committee, Discharge Planning Committee, Manager Orientation Syndicate and the Patient Education on TV program.

Nursing also contributed to the community at large, providing innumerable voluntary hours to the United Way, blood donor clinics and professional associations, as well as support to patients and families with specific conditions.

Victoria General Hospital nurses contributed to such specialty associations as the Cardiovascular Nurses Association, the Neurological and Neurosurgical Nurses Association and many others. They volunteered for VON duty and worked with the Easy Breathers Society and Cardiovascular Patient Support Group. During this past year, nurses made significant contributions to the development of new specialty nursing associations for emergency nursing and oncology nursing, both in Atlantic Canada and nationally.

EDUCATIONAL SERVICES DIVISION

The Hospital continued to centralize its educational activities under the direction of this division. Of special note this year were the creation of the Affiliate Programs office and the expansion of services provided by the Department of Management Development.

Allied Health Programs

The Allied Health Programs have developed in many areas. The Department acted as a link with various other Hospital departments to establish 12 hospital technician on-the-job training programs. Each school continues to focus on program development, with major energies directed toward the following:

- School of Diagnostic Medical Ultrasound — development of a complete nine-month program to be implemented in 1986-87.
- School of Cytotechnology — development of student evaluation tools and policies.
- School of Respiratory Therapy — development of a case-study graduate examination in keeping with the national registry exams. In addition, the School was surveyed and has received full accreditation.
- School of Radiology Technology — development of the clinical teaching program.
- School of Nuclear Medicine Technology — within the framework of the Conjoint Agreement with the Nova Scotia Institute of Technology (NSIT) and the Halifax Infirmary, development of a comprehensive administration manual and a clinical handbook for students.

Thirty-seven students graduated from these schools in June, several of whom received national or provincial awards.

School of Nursing

Program priorities focused primarily on quality control/program monitoring activities during the past year. A comprehensive system for program evaluation was developed that provides a process for assessing all critical components of the nursing program. This structure is unique to the School and is a significant accomplishment for the faculty. A committee structure was established to monitor all examinations used for purposes of student promotion. To monitor faculty teaching practices, a workload measuring formula and a program for faculty appraisal were established, and have been implemented and evaluated.

In June, 121 students graduated. Follow-up evaluations indicated that of the 77 graduates surveyed at the Victoria General Hospital, 95 percent were meeting or exceeding employer expectations.

The School is undergoing significant program reduction with the decrease of student enrollment from 150 to 110 in the first year. This reduction dictated a 25 percent decrease in faculty, which was realized through an unusually high faculty turnover.

Student Services

Departmental responsibilities expanded with the addition of residence operations and the room-booking service for the Hospital.

General Student Statistics

Class of 1985

School	No. Graduated	Attrition Rate, %	Pass Rate, %
Cytotechnology	1	75.00	100.00
Nuclear Medicine	4	Nil	100.00
Respiratory Therapy	15	6.25	100.00
Radiological Technology	7	30.00	85.70
Nursing	121	19.86	98.00

MEAN ATTRITION = 26.22% compared with 14% for the classes of 1984

Class of 1986

School	No. of Applications Received	Number Admitted
Cytotechnology	19	7
Nuclear Medicine	N/A	4
Respiratory Therapy	64	15
Radiological Technology	54	11
Nursing	442	145

TOTAL NUMBER OF APPLICATIONS = 560, a 6% decrease from classes of 1985

Management Development

The Department of Management Development has been fully operational for approximately one year. During this time the Department selected, transferred and oriented staff, including a director (1 full-time employee), management development officers (2.5 full-time employees) and a secretary (1 full-time employee). Also, long-range and tactical plans for management development within the Hospital were developed and implemented.

Health Sciences Library

A new library acquisitions procedure, including a centralized budget, was approved. A proposal for the automation of the library operation was approved that should realize an annual projected savings of $30,000.

Procedures were developed to improve service at the Health Science Schools Library, and steps were taken to establish a more cost-effective operation at both locations.

Affiliate Programs

The Affiliate Programs office was established in September, 1985, to centralize the coordination of affiliate learners and to ensure that affiliate educational activities are integrated into the Hospital's overall quality assurance efforts.

During the first quarter of 1986, the coordinator received 56

placement requests. Hospital departments provided 1,550 clinical days to 239 affiliate learners.

SPECIAL SERVICES DIVISION

In its third year as the Special Services Division, a new Director of Volunteer Services was appointed and the first coordinator of Pastoral Care Services was hired.

A great deal of attention during this year focused on manpower needs. Experienced hospital physiotherapists, occupational therapists, psychologists and pharmacists were in great demand across the country. More and more community opportunities opened up, although the numbers accepted by universities did not increase in direct proportion.

The Director of Special Services coordinated numerous meetings among key figures for training and hiring Department of Health manpower planners, Civil Service Classification and Recruitment Officers, Hospital Personnel Department staff, the Dean of Health Sciences Schools, the Director of the School of Pharmacy, and the Acting Director, School of Physiotherapy, at Dalhousie University. From these meetings, a hospital-wide approach to manpower planning will evolve.

Value Improvement

In February, 1986, a team of Victoria General Hospital staff, along with a consulting case team from Travenol Management Services (TMS), began to introduce the Value Improvement Process (VIP). The purpose is to develop strategies leading to more cost-effective approaches to delivering hospital services, while maintaining quality of care.

The Hospital's initial participation in VIP took place in 1984-85 as part of a pilot project involving six major teaching hospitals throughout Canada. Its purpose was to determine whether the benefits of VIP derived by American hospitals could also be realized in Canadian institutions.

Focusing on three selected therapies — acute myocardial infarction, total hip replacements and cholecystectomies — the pilot project involved a collaborative effort among the Victoria General, Vancouver General, Foothills Provincial General (Calgary), Toronto General, Montreal General and Royal Victoria (Montreal) hospitals. Following

completion of the project, the Victoria General Hospital elected to proceed with the balance of VIP.

During February and March the steering committee was formed. More than 100 charts were pulled and audited, and cost profiles were compiled.

Two task forces reviewed the data and identified opportunities for altering treatment practices and reducing costs.

Patient Satisfaction Questionnaires

At the request of the Patient Care Committee of the Board, three Patient Satisfaction Questionnaires were developed and tested — one for inpatients, one for patients of the emergency service and one for ambulatory care clients.

The objectives of the pilot test were to improve communication between patients and the Victoria General Hospital; elicit patients' viewpoints, ideas and/or concerns on the delivery of services within the Hospital to effectively plan improvements; and show that the Hospital is a caring institution. Each questionnaire contained the message "We Care What You Think".

The results of the project were as follows:

Questionnaires	Questionnaires Mailed or Handed Out	Returned	Percentage Response*
Inpatients	198	111	56
Ambulatory Care Centre	165	61	37
Emergency	104	30	29
TOTAL	467	202	

*Average: 43%

Dietetics

The Department of Dietetics has pursued its mission of providing quality food, nutrition and educational services to patients, staff and visitors at the Victoria General Hospital. The five functional areas are food services, clinical nutrition services, patient and non-patient education, research and development and management support.

During the year the food service area provided meals for patients, staff, visitors and special functions.

Patient and student meal days	335,014
Non-patient meal days	255,496
TOTAL MEAL DAYS	590,510
Caterings - Total functions served	1,720
- Total number of customers catered	34,451
Cost of Meal Days:	
- Raw food cost/average meal day	$3.84
- Salary cost/average meal day	8.08
- Other supplies cost/average meal day	.65
- **Total cost/average meal day**	$12.57

Administratively the Department of Dietetics was involved in many activities:

The Hospital Evaluation and Standardization Product Committee, a Department of Dietetics subcommittee, developed and implemented a revised product evaluation form; initiated a system based on degree of cost-saving or increased client satisfaction to priorize products for evaluation; evaluated and filed reports on 55 food and supplies products; and received the Stokes Cutter Award for a newsletter submission on substituting skim milk powder in baked products.

The Victoria General Hospital Occupational Health and Safety Council recognizes the efforts of the dietary employees in the prevention of work-related accidents. The number of reported accidents decreased by 31, or 19 percent, from the previous year.

The Acadia Room Coffee Shop expanded when the Hospital's Auxiliary Gift Shop moved. The atmosphere improved with the addition of plants, carpeting, wallpaper and waitress service. Menus were revised, offering lighter, more nutritious fare.

The patient meal delivery service changed to the Aladdin Insulated Meal Delivery System, which provides easier transportation, improved sanitary conditions, quieter service and better heat-retention at a lower cost.

The clinical area of the Department provided many services to the Hospital during 1985-86, as shown by the statistics below.

Consults responded to by dietitians for inpatients	2,998
Consults responded to by dietitians for outpatients	186
Number of patients counselled	2,360
Average hours worked per consult (patient)	1.7
Average hours worked per diet instruction	0.5
Total number of patients seen in Diabetes Education Centre	2,686
Total number of patients seen in Nutrition Clinic	2,021
Total inpatients referred to the N.S. Rehabilitation Centre	122
Total inpatients counselled by the N.S. Rehabilitation Centre	330
Total outpatients referred to the N.S. Rehabilitation Centre	90
Total number of outpatient, follow-up care visits to the N.S. Rehabilitation Centre	592

Clinical activities included a patient-service team program to provide documentation of nutritional care provided by food service supervisors. A new program, Eating Disorders on 9A Centennial, was expanded to include choices on the menu, as well as extra entrees at dinner and supper.

The tube-feeding protocol was revised in conjunction with the Department of Nursing.

Nutritional care plans were developed for patients undergoing continuous ambulatory peritoneal dialysis and gastroplasty, and for those with cystic fibrosis and eating disorders.

The dietetic internship program received full accreditation from the Canadian Dietetic Association in February, 1986. Ten dietetic interns graduated, while eight new students entered the program, now reduced from 52 to 50 weeks. The clinical nutrition section of the competency-based Dietetic Internship Program was revised this year.

Joan Stewart, Director of Special Services, was the 1985 recipient of the Bernard and Associates Award for outstanding performance in food service management. This award is presented annually to one Canadian food service manager.

The clinical dietitians had a busy year, making the following presentations on the national scene: "A Practical Application of Computerized Nutritional Assessment", Canadian Dietetic Association conference; "Implementing Standards in an Outpatient Setting", first North American Symposium of Diabetes Educators; "Underwater Weighing to Estimate Ideal Body Weight for the Dysmorphic Person"; and "A Clinical Project to Investigate Dysphagia in the Acute Stroke Person", second Canadian Congress of Rehabilitation.

Their publications included "Nutrition and Cancer" published in the *Nutrition Society of Nova Scotia Newsletter*; "Phosphorous, An Important Element in the Diet", in the *Renal Family Journal*, "End Stage Renal Disease: Travel, Diet, and You" in the *Renal Family Journal*; and "Diabetes, End Stage Renal Failure and Diet", also in the *Renal Family Journal*.

A Quality Assurance Committee within the Department was formed to meet the set standards and National Hospital Accreditation demands. During the one year the Quality Assurance Committee has been operational, the Committee has developed and approved terms of reference, categories of audits, standard procedures for conducting audits in each unit category, a standard reporting form, and computer assistance for data collection. More than 29 audits were accomplished throughout the year, and a paper from the Victoria General was cited in the *Quality Assurance Manual* — Bibliography — Queensway Carleton: Somers, Judy and Mulroney, Rita A. (1983) "Workload Measurement Study to Develop Staffing Guidelines for the Clinical Inpatient Dietitian," *Journal of the Canadian Dietetic Association*, 44(3), 246-250.

Occupational Therapy

Services are extended both to inpatients and outpatients. This year the Department expanded its activities in areas such as oncology, strokes and gerontology due to increased demand by specialists for these services. Using technological advances, the Department is steadily moving into new splinting and treatment techniques. This year marked advancement in the splinting operation, encompassing current

standards of practice, testing new materials and devising cost-effective practices. A brief is being prepared that will cost-out services to allow outside agencies to have access.

The statistical analysis for 1985-86 reveals that the workload has surpassed the five-year-plan prediction total. Splinting activities (both manufacturing and fitting) increased from the 2,400 predicted for 1988 to the actual 5,240 in 1985. Treatment sessions surpassed the 1988 prediction of 12,000, amounting to 14,281 sessions performed in 1985-86.

This year the Department completed an internal operations quality review and is now waiting for the external review team to make its final recommendations.

A home-care study recommending the hiring of an occupational therapist for one year to provide a pilot community outreach service based at the Victoria General Hospital was submitted to the Department of Health.

The Department handled 25 occupational therapy students as part of their clinical training and also gave in-service orientations to various health care professionals and students. Courses for staff ranged from an extensive neurological course in the United States to a hand therapy course offered in Ottawa. The Department also offered courses to other occupational therapists.

The services of patient-family educator, student preceptor and clinical instructor are an integral part of the Department. In 1985-86, numerous patient-family education groups were held. Rheumatology, stroke, multiple sclerosis and burn patients and their families all have an opportunity to talk and learn about their conditions. Three joint appointments between Dalhousie's Occupational Therapy School and our Department were made for clinical expertise.

A continuing review of services provides the framework for a quality assurance program. This year, quality assurance activities were expanded and new ways of promoting quality care were introduced.

Pharmaceutical Services

During the year the Department of Pharmaceutical Services implemented a reorganization into four divisions.

Education and Resources Development provides drug information services through the Department's Drug Information Centre, which prepares drug monographs, evaluations and clinical comparisons for formulary review and drug information bulletins. It is also responsible for reviewing the literature and surveying other institutions regarding current policies and procedures related to the medication system and the safe handling and use of drugs.

Education and Resource Development is also responsible for the ongoing development and operation of centralized chemotherapy and total parenteral nutrition programs. The Education and Resource Division offers programs for Hospital staff and graduate and undergraduate pharmacy students.

Supply and Manufacturing provides support by identifying and evaluating drug supplies and securing adequate stocks of drugs, intravenous and related solutions. It also assesses the need for the manufacture of drug products not available commercially and the methods of preparing such products, including radioactive pharmaceuticals.

Clinical Distribution provides internal distribution of drugs and drug information and evaluates drug-use for formulary review and formulary management based on actual use. It also provides information on the medication system and reports on the impact of changes in the system to the Pharmacy and Therapeutics Committee.

Administrative Services provides administrative support, including personnel and budget control, clerical services, office management, statistics collection and analysis. Administrative Services provides support for a wide range of departmental and interdepartmental committees.

The Department of Pharmaceutical Services is also involved in implementing and/or monitoring the practices and procedures approved by the Medical Staff Executive Committee related to the Victoria General Hospital Drug Formulary and the medication system. In 1985-86 these included the implementation and inservicing of a centralized, total parenteral admixture program. The Department continues to monitor the use of total parenteral nutrition solutions, including electrolyte orders and duration of therapy. Total parenteral nutrition patient-loads may vary

from 15 to 25 patients per day. This service is available seven days per week.

The Department took part in the implementation and inservicing of the revised Narcotic and Controlled Drug Policy and Procedure, the implementation and inservicing of a revised Medical Incident Report form in cooperation with Quality Assurance and Risk Management, and the implementation and servicing of the new Pass Medication order forms.

In cooperation with Nursing Services, the Department implemented the Drug Order Clarification and Verbal Order policy and procedure to facilitate more efficient drug distribution. This policy and procedure authorizes the pharmacist to obtain verbal clarification of physician orders and authorizes nurses to follow these instructions.

A proposal to conduct an Infusion Pump Survey on behalf of the Pharmacy and Therapeutics Committee was put forward, including funding for an independent consultant.

The Department has also undertaken a number of projects to improve drug-use control. These are summarized below:

1. A central chemotherapy program to be initiated in 1986 will result in pharmacy-based preparation of parenteral chemotherapy agents in the aseptic environment of a biological safety cabinet.

2. HMIS computer pharmacy applications, including a drug information/formulary module, a patient medication profile module and a stock movement module, will increase the availability of drug information and provide the necessary data base to initiate drug utilization reviews and more effective drug-use control.

3. The Drug Information Service has been upgraded to provide accurate, up-to-date responses to requests concerning drug therapy from medical and nursing staff. The service is staffed by a full-time pharmacist (0900-1600 hours, Monday-Friday). At other times dispensary-based pharmacists or on-call pharmacists will respond to drug information requests.

4. Pharmaceutical manufacturing has been developed with the introduction of a quality control program in radiopharmacy. This

will form the basis for the future development of more regionalized services.

5. The surgical mobile satellite pharmacy project has resulted in improved availability of the pharmacist and has reduced turnaround time for medication orders. First doses may be dispensed on the ward from a mobile pharmacy cart stocked with unit-dose packaged medications.

The long-term goals of the Department of Pharmaceutical Services require the cooperation, support and active participation of the Pharmacy and Therapeutics Committee and Administration. In summary, these include the following:

1. *Drug distribution and control*
   The integration of the inventory, drug formulary and drug distribution systems to provide safe and effective drug therapies at a reasonable cost. This may include the development of unit-dose drug distribution and centralized intravenous admixture programs with 24-hour pharmacy services. The further evaluation of satellite pharmacies includes the need for a 24-hour critical care pharmacy satellite. The development of medication systems within the Victoria General Hospital must be viewed from the perspective of hospital-wide systems having an impact on medical, nursing and pharmacy staff.

2. *Drug utilization review*
   Review drug utilization on a continuous basis to develop educational programs and formulary policies that encourage safe and effective use of medications.

3. *Clinical pharmacy services*
   The development of pharmacy support services to the medical and nursing staff to provide relevant, clinical drug information in a timely manner. This involves pharmacists being available in the patient care areas to provide drug information and consultation services during ward rounds and/or when drugs are prescribed.

Pastoral Care

With the addition of a Coordinator of Pastoral Care, the Department became more closely connected with the Hospital.

Hundreds of ministers, priests, rabbis, and lay people of various denominations and religious organizations have attempted to meet the spiritual needs of patients over the years. Several attempts have been made to have this service recognized in the Hospital. The present organization promises to bring pastoral care into the mainstream of patient care. An effort is being made to recognize the special role played by the in-house chaplains.

The Victoria General Hospital was the site of the first program in Clinical Pastoral Education in Canada. That distinction continued over the past year as another 12-week program was completed, with six students passing the course.

In an effort to become more directly involved in the health care team, several chaplains have become associated with clinical programs.

Patient Representative

During the year the Patient Representative handled 585 concerns, problems and contacts with patients and/or families. Last year's daily contact average was 1.8 early in the year and increased to 4.6. Two to four daily contacts are considered standard for established programs.

Also, the Patient Representative made numerous contacts with staff from other hospitals and outside organizations.

An article written by the Administrative Coordinator, Special Services and the Patient Representative entitled "Development and Implementation of a Patient Representative Program — Ensuring Personalized Patient Care", was published in the *Canadian Health Care Management* periodical.

Among the many activities carried out by the Patient Representative in 1985-86 were the development of the Patient Representative's *Practice and Procedure Manual*, the revision of the Patient Representative's daily and monthly summary forms, the establishment of a new format for the divisional report and the establishment of a summary form for medical concerns.

A three-month pilot volunteer-hospitality service project was established. Specifically trained volunteers will greet patients in the admitting area and inform them of the Patient Representative Program.

Psychology

Psychology staff are routinely called on to provide a variety of clinical, scientific, educational and consultative services. As in the previous year, close to two-thirds of the total professional resources of the Department were devoted to clinical service, one-quarter to departmental administration and development, and the remainder to teaching, research and consultation services within the Hospital and the community.

The Department provided psychological services to 150 inpatients. Services to these patients involved a total of 305 direct contacts with the patients and 169 consultative contacts with other health professionals involved with these patients.

This year the number of clinical/diagnostic assessment requests decreased from 60 percent to 45 percent, while the number of referrals for neuropsychological assessments rose from 33 percent to 42 percent. Requests for therapeutic interventions with patients doubled from seven percent to thirteen percent. This shift in referral patterns for inpatients is particularly important when it is understood that the time required to conduct the two types of assessments is quite different. The average clinical/diagnostic assessment requires 11-14 hours to conduct a clinical interview, complete a full history on the findings, consult with and make recommendations to the medical and nursing staff, and write up a full report.

Neuropsychological assessments, on the other hand, are far more complicated and involved than other types of assessments and require an average of 18-19 hours to complete. When counselling or psychotherapy is called for with inpatients, the interventions are necessarily brief because of the patient's length of stay, and they tend to be more intense and crisis-oriented than outpatient interventions.

Last year there was a 19 percent increase in the number of new patients receiving psychological services, and a 17 percent increase in the number of return patients seen per month. Specifically, the equivalent of three full-time psychologists provided services to 16 new and 45 return patients every month. Over the year new and return

patients required 1,399 direct contacts and another 421 consultative contacts with other health professionals.

The types of requests for outpatient services were much the same as in the previous year. Twenty percent of outpatients this year were referred for clinical/diagnositc assessment, while another 15 percent received neuropsychological assessments aimed at helping them and others involved with them to understand the extent and nature of their intellectual impairment. The remaining 65 percent of outpatients referred to the Psychology Department underwent psychotherapy or specialized treatment programs to help them cope with pain and disability or make an emotional adjustment to chronic, progressive and sometimes life-threatening illnesses or injuries.

Psychotherapeutic interventions with medical patients referred for outpatient psychotherapy required an average of 16 weekly visits with a psychologist to complete a history and initial assessment, and to see the patient through treatment to initial follow-up.

The Department of Psychology maintained the level of research activity begun during the previous year. The result was three papers and one poster presentation at the annual meeting of the Canadian Psychological Association in June, 1985, two poster presentations at the Joint International Pain Conference in August, 1985, and a poster presentation at the meeting of the Professional Health Workers Section of the Canadian Diabetes Association in October, 1985. These papers and presentations dealt with such topics as "The Relationship Between Chronic Pain and Depression", "The Psychological Management of Patients with Diabetes", "Brain Impairment as a Result of Carbon Monoxide Poisoning", and "The Relationship Between Religiosity and a Sense of Purpose in Life".

Physiotherapy

The Physiotherapy Department was active in many areas during 1985-86.

A six-month project was undertaken with Psychiatry to provide exercise assessment and therapy for patients in the Eating Disorder Program.

The role of the physiotherapist in the treatment of patients in the

Home Oxygen Program was expanded to include participation in the Outpatient Clinic.

Physiotherapist participation in the Liver Transplant Program required respiratory assessment and general conditioning.

A standard system to evaluate exercise tolerance was introduced for patients suffering from chronic obstructive pulmonary disease.

The computer training of clerical and support staff for registration, confirmation and appointment bookings was completed.

Physiotherapists participated actively in community activities, including the Family Asthma Program, the Cardiac Rehabilitation Program, the Dartmouth Stroke Club, the Canada Summer Games and support for university teams (football, basketball).

Student physiotherapists spent 781.5 days in the Department as part of the clinical practicum required to complete the program. Supervision and evaluation of the students is provided by the Victoria General Hospital's Physiotherapy Department staff.

The first international students, two from Scotland, were accepted this year. A detailed testing of students' cardio-respiratory knowledge pre- and post-rotation was implemented to evaluate the placements. The combined knowledge and experience for the students appears to be successful based on a request for elective positions on cardio-respiratory and the fact that new graduates are actually identifying this as an area of career specialization.

One joint appointment with the Physiotherapy and Occupational Therapy Schools at Dalhousie was instituted this year.

A clinical study on knee replacement patients was completed.

The Department's Quality Assurance Program consists of three subcommittees:

Safety Committee - established July, 1985, to ensure that the Department's physical environment and work practices are safe for patients, visitors and staff.

Modality Audit Committee - established July, 1985, to ensure quality of care in the administration of physiotherapy modalities.

Chart Audit Committee - the compliance rate with Department standards has improved to 88 percent this year. The repetitiveness of auditing was decreased to two times per year per staff due to this improved charting.

The following statistics reflect direct patient care time:

	Attendances	Weighted Units
Inpatients	41,833	926,094
Outpatients	27,811	660,995
TOTAL	69,644	1,587,089

Social Work

The Social Work Department has developed and implemented an acuity classification system by which caseloads can be weighed according to severity and thereby be more reasonably compared. This is the only department in Canada to have such an acuity classification system.

During the past year the Department did extensive work in two areas. First, it researched the impact of the "oldest old" population and is now making policy recommendations. Second, it described the discharge planning process, making policy recommendations and implementing the program as part of a multi-disciplinary team.

The Social Work Department opened nearly 3,000 patient cases and had more than 17,000 patient contacts. Each referred patient received two hours of service on average. On a monthly basis, the Department opened 245 patient cases — the standard is 220.

Social workers (including administrative staff) spent 63.5 percent of their time providing services to patients, whereas the standard is between 50 and 60 percent.

During the past year the referral rate to the Department showed a marginal increase. The 3,000 referrals represents a 13.25 referral rate, which meets the standard.

Volunteer Services

A new director was appointed in July, 1985.

A slide show was developed and presented to approximately 21 individuals, volunteer groups and Victoria General Hospital departments. Volunteer Services has been centralized into new space on the ground floor of the Centennial building and restructured around the premise that "the role of Volunteer Services is to act as a personnel department for volunteers".

Three pilot volunteer programs were tested: Patient Representative (Hospitality); Physiotherapy (Patient Ambulation); and 2A Nursing Unit (Feeding Patients).

In a program development package, a book was designed to use during interviews with volunteers. It gives an overview of the Victoria General Hospital, the role of the Volunteer Services Department, how to become a Victoria General Hospital volunteer, the importance of confidentiality, and information about orientation dates and available volunteer placements.

A regularly scheduled, general orientation program for all volunteers has been developed in cooperation with the Coordinator, Affiliate Learners Program.

Volunteerism was promoted in the Victoria General Hospital during Volunteer Week, with special events each day, including a flag raising, official opening of new offices, open house and Volunteer Appreciation Day. The highlight of the week was the Volunteer Appreciation Dinner hosted by the Hospital, with more than 200 volunteers attending.

ADMINISTRATIVE SERVICES DIVISION

Finance Department

Accounting, Budgeting and Statistical Systems

The decision to move general ledger and accounts payable applications onto the provincial Department of Finance Data Centre produced various general benefits, including more meaningful classification of financial information through an enhanced chart of accounts and more powerful

processing for those two applications, with faster turnaround and cut-off at month end. Potentially, there should be more flexible report-building capabilities, improved efficiency for the applications remaining on the Hospital's own hardware and the capacity to develop new applications in-house.

Simultaneous with the transfer of accounts payable processing off-site, the cost-effectiveness of various controls was evaluated. Without affecting the adequacy of internal control, steps were taken to significantly boost efficiency. Consequently, one clerical staff position will likely be eliminated through attrition. Also, the average elapsed time from receipt of invoice through to payment has dropped from 45 days to approximately 15 days.

A new method was introduced for handling patients' valuables without calling staff after hours. The Hospital had been spending approximately $7,500 per year on standby and callback to arrange for the release of personal effects to patients discharged outside Business Office hours. The new procedures do not prejudice internal control, are much simpler and allow for the release of patients' valuables by staff already on-site.

The traditional delay in the distribution of departmental financial reports for the months of March and April was eliminated, due partly to the more timely availability of information from the provincial Department of Finance. These two months are now no different from the rest of the year, and reports are to be distributed within 10 working days of the previous month end.

Actual expenditures for employee benefits are now posted directly to departmental accounts on a monthly basis. Formerly, these costs were estimated and compared with actuals at year end, with the result that the variance for the year could be as great as $500,000. An enhancement has been made possible by the automated transfer of salary and benefits data from the Department of Government Services payroll system to our general ledger accounts on the Department of Finance System. This has also reduced data entry requirements in-house.

In cooperation with the provincial Department of Finance, reporting changes were initiated to provide earnings detail for casual salaries comparable to that generated for the regular payroll. Additional coding was accommodated to capture the types of earnings involved and the procedural modifications kicked-in during December without incident.

An aged Accounts Receivable report (30, 60, 90, 120+ days) was developed and installed at the end of December, 1985. This is an improvement over the system's former criteria, which conformed to provincial requirements (current month, current year and last year).

Considerable work was required to incorporate information from multiple systems for use by the Statistics Office and for purposes of cross-checking against other information.

Along with continued responsibility for Department of Health operating and equipment submissions, the Budget Office assumed full responsibility for coordinating the preparation of the DOH new and expanded program submission and the DGS submission.

Improvements initiated in monthly departmental reporting included processes to reallocate expenditures among selected VGH cost centres to encourage "buyer and seller" decisions; and the recording, within departmental reports, of cost recoveries from outside agencies.

The Hospital's global financial position was regularly reported to the Management Committee and to the Cost Review Task Force to heighten awareness.

The Financial Statement by Division and by Nature of Expense, along with the Executive Summary of Operating Statistics, were appended to the comptroller's monthly report for circulation to the Management Committee.

The Cost Review Task Force's Utilization Review Team effort was coordinated to facilitate the submission to the Management Committee of solid, cost-saving proposals.

One significant change since the arrival of the Materials Manager concerned the final location of the receiving documents, formerly photocopied by Accounts Payable and returned to Inventory Control. Accounts Payable will now retain the receiving document as part of the complete financial record; photocopying is no longer necessary.

The Billing and Collections Section automated the preparation of claims issued to third parties on behalf of patients. This replaces a labour-intensive process whereby hundreds of these claims were prepared by typewriter.

Operational decision-making introduced via weekly divisional management meetings has had concrete benefits, including improved planning and control for major projects; ongoing discussion of quality assurance, public relations and management education; and the development of a consolidated schedule containing key cut-off dates for receiving, recording, analyzing and reporting of financial and statistical information.

Effective with July's departmental financial reports, cost centres were relieved of salary expenses for staff on long-term illness.

The latest version of the Executive Summary of Operating Statistics provides an expanded and more meaningful array of indicators. Through the use of predictive ranges of activity, it highlights exceptional trends and is accompanied by significant indicators.

The Department of Health was provided with an evaluation of the rates intended to cover the costs of outpatient services provided to residents of other provinces. That evaluation suggested that the Victoria General is not recovering as much as $268,000 annually on 1985-86 volumes of interprovincial outpatient activity. This report was intended to facilitate the Department's participation in the Federal/Provincial Advisory Committee on Institutional and Medical Services.

A cost-accounting profile was developed for discussion with those involved in costing laboratory and radiological services. This high-level profile was designed as a model for tracing the cost of all Hospital inputs to intermediate and final products, programs and services.

In cooperation with Pharmacy, efforts were made to improve the reporting of details associated with ward stock issues. The "one-liner" historically used to describe ward stock consumed by nursing units, anaesthesia and other departments was replaced by detailed item descriptions and quantities to enhance the analyses and control of drug costs.

Beginning in November, the Hospital included in its claims to the Department of Health the cost of all Cyclosporin distributed on an outpatient basis to non-residents. The recoveries approximated $200,000 for the year and were credited back as a reduction to the operating costs of the Hospital.

Department of Management Engineering

Administrative

The past year has been one of significant consolidation and maturing for this relatively new department. Also, the Department's professional staff continued to develop and apply an expanding range of specialist skills. A work-plan of 46 systems improvement and work/methods study projects was carried out by its staff of 16 people, projects that made a major contribution to productivity improvement in the Hospital.

The Department has two sections — Information Systems and Industrial Engineering.

Information Systems Section

A three-year project to develop a large-scale, comprehensive, patient-oriented computerized information system concluded its second year on schedule. This system is run on the Hospital's Sperry 1100/72 main-frame computer, remotely located in the Government Services Data Centre.

Key points of software development this year included installation of outpatient appointment bookings, the development of admission/discharge/transfer software, comprehensive outpatient activity statistics, and the design of a comprehensive Pharmacy information system.

A sign of progress was the introduction of shared-use microcomputers in the Department's User Information Centre. These machines introduced users to microcomputer technology and installed cost-effective applications.

Other microcomputer ventures during the year included a float nurse scheduling system and a patient records system to support the Multi-Organ Transplant Centre.

Administrative computer utilization focused on the introduction and enhancement of an Establishment Control System in the Personnel Department.

Technical work to convert the Hospital's financial routines onto the Department of Finance computer system was provided to the Comptroller's Office.

Industrial Engineering

Significant progress was made in expanding the skills and application of the Industrial Engineering Section. Systems and methods improvement projects were provided to all Hospital divisions, with a major emphasis on the reduction of inventory holdings through improved stock-cycling policies. A large portion of this section's work was the modification of procedures and work practices surrounding implementation of the computer-based HMIS modules.

Other areas of work included continued development of standard costs, assistance to the Value Improvement Program and consulting assistance to various Hospital managers in statistical methods and data analysis.

Occupational Health Department

Administration

Guidelines were developed for handling antineoplastics, for video display terminal users, and for HTLV III contacts, as well as for Hepatitis B Vaccine protocol.

The Accident Management Program run by the Department included first aid, investigation and follow-up. During the past year there was a 7.5 percent increase in reported accidents. Consistent with previous years, falls and blows were the most frequently reported accidents, followed by accidental innoculations and back problems. Back problems account for the highest direct cost (74 percent), followed by skin problems (69 percent).

The Immunization and Testing Service introduced the combined tetanus, diphtheria and polio injection.

Operations Department

Effective October, 1985, Security Services reported to the Director of Operations. Communications also reported directly to the Director of Operations.

Several managers took on added responsibilities to assist Operations in the management development process.

Operational Rounds commenced in April, 1985, and by March, 1986, 21 nursing units had been visited as well as the Radiology and Dietary Departments. The Rounds were intended to strengthen interdepartmental relationships and provide for informed and effective services in Maintenance, Housekeeping, Fire Safety, Security and other operational support areas. Feedback from head nurses indicates that our goals are being achieved. In August, 1985, Environmental Rounds, which were being conducted through Infection Control, elected to integrate with Operational Rounds.

Training and Development sessions for the Operations Department heads were held regularly every second week for two hours each. The objectives of the Operations Forum were to provide an opportunity to share information regarding the departments of the Operations Division, to learn about the Hospital, to improve management skills, to foster team building and to learn to lead and participate in meetings.

The planning group planned and implemented numerous programs, including Labour Relations and Corrective Discipline, Financial Programs, Quality Assurance, Leadership Case Study and a special session with the executive director entitled Management Expectations.

Operations Forum has been a positive and stimulating developmental program. It has provided timely and interesting information, has opened lines of communication and has increased awareness of each other's departments and their roles in the Victoria General Hospital.

The Director of Operations was involved in committee activities, including chairing the development and implementation of ESP (Evaluation Standardization of Products) and its five subcommittees, and chairing the Labour Management Council, which held its first Labour Management Day on November 14, 1985. Other committee involvements included the Cost Review Task Force, which produced the multi-image video program "V.G.H. — A Century of Progress"; the $uper $uggestion $ystem; the Accreditation Committee which prepared and conducted the Accreditation Survey, October 16, 17 and 18, 1985; the Ambulatory Care Committee; Administrative Services; Space Committee; Management Forum; Management Orientation Syndicate and Operations Forum.

Plant Engineering

Plant work orders increased by 700 (4.8 percent) to a total of 14,347.

Electric power (kilowatt hours) increased 1.3 percent and oil consumption was up 0.94 percent.

Numerous alterations, renovations and major repairs were carried out, including the complete reconstruction of the Neurosurgery ICU and Recovery Room, the installation of the technologically advanced Fairview Medical Gas Rail System, and the construction of a new Liver Transplant Patient Unit. The initial construction of the new Cardiac Catheterization Unit is underway and due for completion in September, 1986. Engineers installed a Hypochlorination System and related cold water bypass lines to combat Legionnaires' Disease.

Security Services

In November, 1985, Security Services separated from Fire Security and Communications to become a separate department. In January, 1986, contract services provided by Pinkerton's of Canada were terminated and the Corps of Commissionaires appointed sole contractor for Security Services. This change has been favourably received. Notable improvements in security have been recorded and relationships with other departments have improved.

A Security Awareness Day was held in November, 1985.

A plan was finalized for the parking configuration, which will require additional and improved equipment. It will generate more revenue and reduce manpower. Also, a proposal regarding security manpower and lock-down procedures was discussed and approved.

Materiel Support Services

There was significant progress in following up the preliminary review of Materiel Support Services. An ABC Inventory Analysis was completed by Management Engineering. This analysis is an ongoing process and will be completed for all inventory categories.

A Paper Flow Study was conducted by Management Engineering in December, 1985, followed by a more detailed Paper Flow Analysis in March, 1986.

Computer printouts continue to have time delay problems, which contribute to the significant delays in ordering inventory and stock-outs.

Audio Visual

The Audio Visual Department had an extremely successful year. It acquired much needed projection equipment, conducted staff training sessions and increased its production.

A commitment by the Audio Visual Department to centralize A/V equipment became a reality. All large seminar and lecture rooms are now equipped with the necessary projection equipment, and smaller rooms will be similarly equipped once more such equipment becomes available. The Department still maintains adequate equipment for daily loans.

The Department contributed to the success of the multi-image slide presentation depicting a demonstration of excellence organized by the Cost Review Task Force.

Sterile Supply Services

A review and reorganization of the medical/surgical quota system was completed on 11 nursing units.

The high vacuum sterilizers experienced a variety of mechanical problems throughout the year. In three instances operating room supplies had to be recalled. In September, an emergency situation occurred when all the steam sterilizers were out of order. In this case, it was necessary to send supplies to the IWK Hospital for Children to be sterilized.

The ethylene oxide sterilizer (ETO), located in the 10th floor operating room, was out of order for long periods between September and January. Sterile Supply assumed the workload for those periods and has now taken over the function completely.

Porter Escort Service

Improved service was realized without generating increased costs to the Department, and additional staff was provided to the operating rooms and Radiology Department without hiring additional manpower. Several responsibilities that previously were those of other departments were given to Porter Escort Service, and other services were expanded.

The main objective of increased productivity with a reduction of manpower was achieved.

Bio-Medical Engineering

A new computer system facilitated the recording of statistics. With information more readily available, productivity improved, with the result that the time taken to repair equipment was also reduced. The number of repairs, which increased 50 percent, was accomplished in nearly 30 percent less total time. The average cost of repair was reduced by almost 40 percent from that of the previous year.

The Bed Refurbishing Program was a major equipment program carried out in 1985-86. During the year, 350 electric beds were refurbished and 43 others repaired.

An Operations Quality Review (OQR) was completed during the year. In general, the accomplishments of the Department were significantly above those of the previous year.

Fire Safety

In November, 1985, the Chief Fire Safety Officer assumed full-time responsibility for the development of a Fire Safety Program in the Hospital. The Fire Safety Officer also will help develop a revised orientation and continuing education program for staff.

Architectural plans for a smoke detection and sprinkling system were received from the Department of Government Services.

Laundry

A revised work schedule was proposed to provide seven-day coverage of laundry and linen services within the Hospital. This will be a much more effective service for the nursing units, as well as help eliminate high overtime costs.

A proposal to move the laundry to the Central Laundry at the Nova Scotia Hospital has been tabled indefinitely. In the interim, a list of equipment and prices has been submitted to the Director of Operations and subsequently forwarded to the Executive Director, listing items considered necessary to completely update the existing on-site Victoria General Laundry. The cost would be in excess of $1 million.

Print Shop

The scheduling system introduced during the previous year is functioning well. Lead-times are on target and the backlog has been virtually eliminated.

Housekeeping

The Solid Waste Management of the Metropolitan Authority, responsible for the operation of the Halifax Transfer Station, advised the Hospital in December, 1985, that it would no longer accept waste from the Victoria General Hospital. All waste would have to be transported to the sanitary landfill site in Mount Uniacke. After subsequent meetings with the management of both the Hospital and the transfer station, the transfer station agreed to accept Hospital waste, provided the Hospital guaranteed that no objectionable waste would be delivered there.

Numerous changes have been instituted to ensure that no pathological waste or objectionable waste gets into the compactor and, thus, to the transfer station.

A comprehensive quality control program was developed by the executive housekeeper. As well, a quality control program was developed by the present contractors, Modern Building Cleaners.

The housekeeping contract, which expired in March, 1986, was renewed for one year.

Communications

Communications became a separate department in October, 1985, when it began reporting directly to the Director of Operations. The Department is divided between Switchboard and Inquiry Services, and Maritime Tel & Tel liaison.

Plans are being developed to effect major cost reductions in the Hospital's telephone bill for 1986-87. Communication-awareness activities will draw attention to significant cost-saving opportunities in this area.

In August, 1985, a computer terminal and printer were installed in the Department. Patient information and services have improved dramatically as patient data are now available as required.

A Maritime Tel & Tel switchboard survey indicated that the number of abandoned calls was significant and that additional manpower was required to reach an acceptable level of service.

Ambulatory Care

Total patient visits for Ambulatory Care in 1985-86 amounted to 75,808, compared to 72,742 for the previous year. This represents an overall increase of 4 percent.

Decentralization of the registration procedure was initiated and, by the end of March, all but six clinical areas were registering their own patients. The intercom system installed by MRC Communications was virtually non-functional throughout the year. Numerous repairs and requests for repairs were made, but the system has been totally ineffective.

Integration of inpatient/outpatient nursing services continued during the past year, and plans are underway for a full integration of the Dermatology Program with 4 South.

Planning is also underway for full nursing service integration with Surgery/Respiratory and Gynecology Services.

The R.N. vacancy in Orthopedics was replaced through integration with 6 North.

Also, two maternity leaves, one in Dermatology Treatment and one in Gynecology, were accommodated by replacements from Inpatient Services.

Computerization continued during 1985-86. Appointment bookings were implemented in all but two areas. Embossing machines were installed on the second floor, enabling the production of Victoria General Hospital embossed patient I.D. cards. Statistical information from the ACC has now been completely computerized.

The enhancement of Mapper 31 increased response time, but still remains far slower than original specifications predicted.

Financial Summary — Operations

	March 1985 Actual	YTD March 1986 Actual	Original Budget	Revised Budget
Operations	$ 78,410	107,358	101,122	101,122
Audio Visual	137,397	154,438	154,402	154,402
Bio-Medical Engineering	596,480	597,754	584,578	574,578
Communi-cations	1,178,453	1,172,998	1,299,737	1,241,737
Security	679,284	776,518	787,745	787,745
Housekeeping	417,330	421,070	418,447	398,446
& Cleaning Contract	2,460,791	2,547,670	2,603,500	2,603,500
Laundry	1,954,929	1,878,743	1,935,830	1,835,830
Materiel Support	1,014,217	973,025	1,040,934	940,934
Plant Engineering	8,244,908	7,956,295	8,837,233	8,737,233
Porter Escort	1,542,536	1,497,063	1,553,315	1,453,315
Print Shop	214,592	185,015	226,308	211,308
Sterile Supply	1,026,323	1,072,049	1,078,331	1,048,331
SUBTOTAL	19,545,650	19,339,986	20,621,482	20,088,481
Ambulatory Care	1,184,296	1,604,153	1,621,335	1,551,335
TOTAL	$20,729,946	20,944,139	22,242,817	21,639,816

Personnel Department

A total of 978 employees were hired and 842 separations were processed. Transfers were arranged for 67 employees within various departments, including for six employees transferred to the Halifax Infirmary, where the Endocrinology Service has been relocated.

The Government of Nova Scotia introduced a Voluntary Early Retirement Incentive Program (VERIP), which resulted in a reduction of 31 positions.

The Nursing Department required an additional 61 full-time employees, and 87 of the 91 new graduates of the Victoria General program were hired to fill the need.

The Attendance Improvement Committee's goal was to reduce absenteeism to an average of seven days or less. To recognize those employees with excellent attendance records, a dinner was arranged for the 210 employees with perfect attendance.

The Laundry Department will be providing seven-day operation, which is expected to result in improved services and better teamwork within the Department.

Changes were made in recruitment/staffing coverage for nursing areas. In addition, the training and development role has been increased to include two large projects — orientation and accreditation.

The Staff Activities Coordinator has developed a variety of programs in the Hospital complex, including the recruitment and training of a strong Board of Directors to administer the Victoria General Recreation Association (VGRA). The various VGRA clubs, such as the skiing, running and fitness clubs, have increased their membership two-fold, while the VGRA membership has increased to more than 500 members.

ANALYSIS OF HOSPITAL SERVICES
April 1, 1985 - March 31, 1986

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Average Days' Stay
Medicine	3,250	2,708	5,958	403	6.8%	132	32.8%	2,124	35.6%	78,160	13.1
Kidney Transplant	93	69	162	1	0.6%	1	100.0%	63	38.9%	2,650	16.4
Liver Transplant	—	2	2	—	—	—	—	2	100.0%	120	60.0
Radiotherapy (Radiation Oncology)	245	238	483	49	10.1%	8	16.3%	147	30.4%	5,173	10.7
Psychiatry	75	180	255	—	—	—	—	119	46.7%	9,514	37.3
General (Courtesy) Surgery	14	23	37	—	—	—	—	13	35.1%	229	6.2
Surgery A-D Incl.	1,971	2,368	4,339	154	3.5%	29	18.8%	1,133	26.1%	47,180	10.9
Surgery ICU/Anesthesiology	39	24	63	60	95.2%	26	43.3%	45	71.4%	1,101	17.5
Cardiovascular Surgery	766	344	1,110	64	5.8%	19	29.7%	260	23.4%	15,011	13.5
Orthopedics	1,011	937	1,948	21	1.1%	2	9.5%	441	22.6%	24,304	12.5
Plastic Surgery	510	322	832	4	0.005%	—	—	138	16.6%	8,485	10.2
Urology	1,690	438	2,128	12	0.6%	3	25.0%	486	22.8%	18,038	8.5
Neurosurgery	783	607	1,390	69	5.0%	17	24.6%	468	33.7%	19,019	13.7
Oral Surgery	90	166	256	—	—	—	—	27	10.5%	1,135	4.4
Otorhinolaryngology	—	—	—	—	—	—	—	—	—	—	—
Gynecology	—	2,011	2,011	20	1.0%	3	15.0%	323	16.1%	15,004	7.5
Newborn	—	1	1	—	—	—	—	—	—	1	1.0
GRAND TOTAL	10,537	10,438	20,975	857	4.1%	240	28.0%	5,789	27.6%	245,124	11.7

*Of these 857 deaths, 106 deaths were within 2 days' stay in hospital.

Prepared by: Medical Records
Source: PAS+ Dataprocessing System
Date: September 12, 1986